

CRCNA

DEVELOPING NORTHERN AUSTRALIA



Northern Australia Health Service Delivery Situational Analysis

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Australian Government
Department of Industry, Science,
Energy and Resources

Business
Cooperative Research
Centres Program



Department of
Primary Industries and
Regional Development



Queensland
Government



Background and overview



- Series of Situational Analyses for Northern Australia commissioned by CRCNA
- August 2019 to Feb 2020
- **Partnership** between JCU, CHHHS, NT Govt and the Rural Clinical School of UWA
- 3 jurisdictional **expert advisory groups** – government health services, ACCHOs, PHN, universities & other workforce, training and planning bodies (NT, WA, Qld)
- **Literature review** – database & targeted web searches with iterative expert input – 324 included papers
- **Export and demand analysis, research inventory, costing study, SWOT**

Research overview



WHO “Building blocks” as an organising framework



- **Consultation workshops** – 17 workshops across northern Australia (16 in person; 110 participants)
 - October-December 2019



Industry-specific key findings (pan-northern)

Strengths

- Healthcare and social assistance largest employing industry
- **Education and training expertise in producing 'fit-for-purpose' health workforce**
- Increasing adoption of e-health technologies to facilitate and enhance planning, information-sharing and access to services

Opportunities

- **Improving recruitment and retention of health workforce in areas of workforce need**
- Reviewing financing mechanisms
- **Supporting locally led needs-based planning**
- **Developing more culturally responsive and community-engaged service delivery and workforce**

Weaknesses

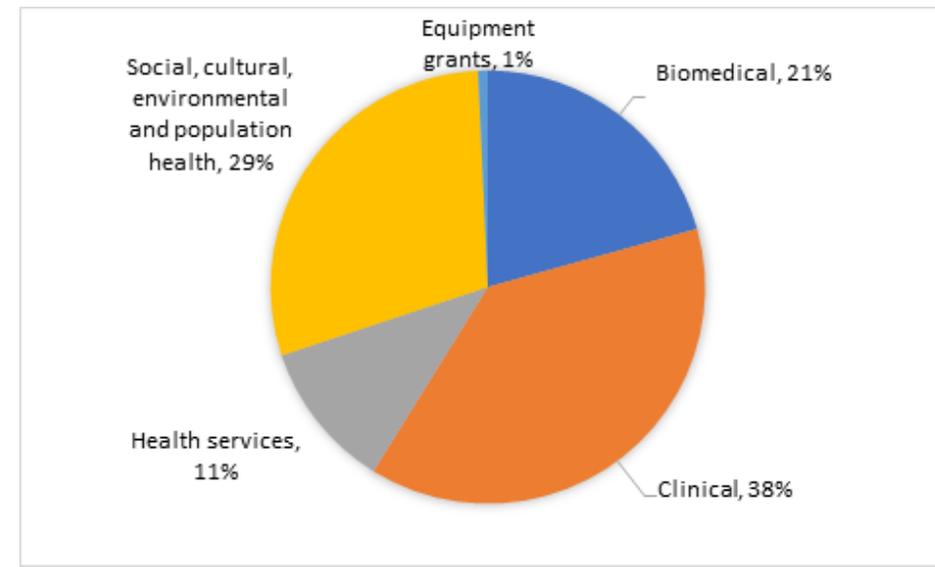
- **Ongoing health workforce shortages**
- Siloed systems of governance, finance and planning
- Failure to provide integrated optimal care across the patient journey or to involve communities in co-design
- Under-resourcing, particularly of critical prevention services and supportive infrastructure

Threats

- **Financing models that reward occasions of service rather than prevention of poor health**
- Rising costs of health care and lost productivity due to poor health
- Vulnerability to emerging infectious diseases and natural disasters

Cross-sectoral key findings

- 13% of total employment in the north is in healthcare and social assistance; largest employing industry. **Supporting this workforce is critical to economic development** (education and training, professional development, cultural security).
- Housing, ICT, community amenities, cultural assets contribute to social, cultural, and environmental determinants of health and stability of workforce – **cross-sectoral investment**.
- Need more **northern-led research capacity**: only \$72 million, or <2%, of health research funding from major gov't funding bodies was to northern Australian institutions (should be >5%; 2015-2019); only 11% of this was health services research.
- Investment in coordinated workforce support, place-based planning and needs-based financing likely to generate more efficient, equitable and effective health service.
- Potentially preventable hospitalisations cost \$241.8m across north (2016/7) – 6.6% of all national PPH expenditure



What does this mean for prioritising future CRCNA investment decisions?

Eight Priority Actions:

1&2 – Health workforce training and support



3 – Cross-jurisdictional body



4 – Financing review



5 – Health-enabling infrastructure



6 – Place-based planning



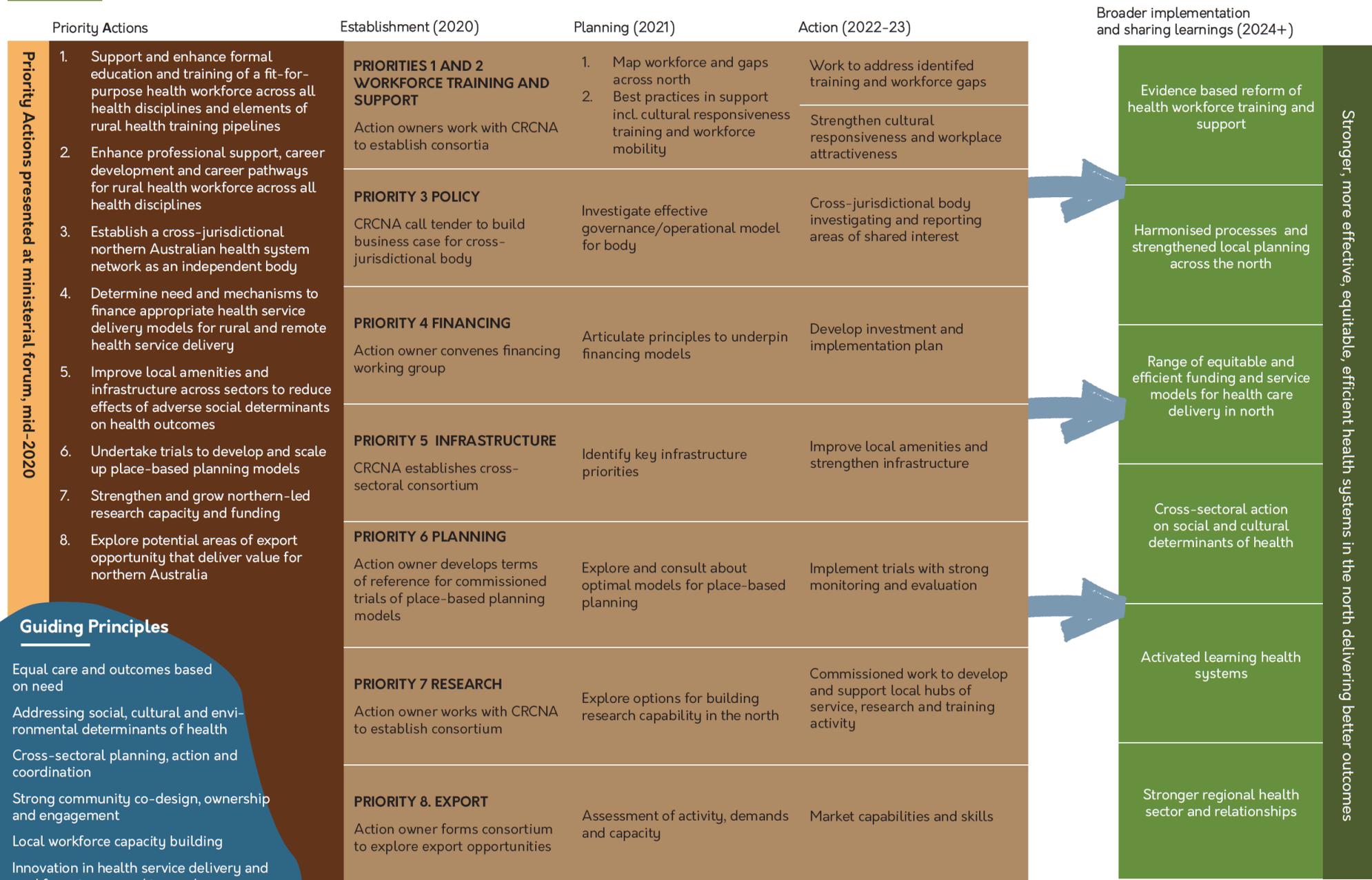
7 – Northern-led research



8 – Health as an export



Priority actions and process map



Guiding Principles

- Equal care and outcomes based on need
- Addressing social, cultural and environmental determinants of health
- Cross-sectoral planning, action and coordination
- Strong community co-design, ownership and engagement
- Local workforce capacity building
- Innovation in health service delivery and workforce to respond to need
- Two-way health system strengthening with regional neighbours

Priority Actions 1 and 2 - Health Workforce Training and Support



1. **Support and enhance formal education and training** of a fit-for-purpose health workforce
 - All disciplines
 - All elements of the rural health training pipeline
 - “From, in, with, for” underserved communities in the region
 - Holding ourselves responsible for outcomes

2. Enhance **professional support, career development and career pathways** for rural and regional health workforce across health disciplines
 - Support Aboriginal and/or Torres Strait Islander Health Workers and participation in all health workforce
 - Support retention – reducing staff turnover could save northern Australian health services up to \$50 per consultation
 - Postgraduate generalist training options in the regions

Evidence-based reform of health workforce training and support

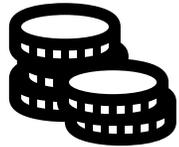
Priority actions 3 and 4 - Cross-jurisdictional Body and Financing Review



3. Establish a **cross-jurisdictional northern Australian health system network** as an independent body

- To share knowledge
- Aim for data interoperability
- Joined up credentialing
- Cross-border service provision/shared clinical practice guidelines

Harmonised processes and strengthened local planning across the north



4. Determine need and **mechanisms to finance appropriate health service delivery models** for rural and remote health service delivery

- Funding based on need
- Rewarding quality of care and outcomes
- Distributed locally
- Increased efficiency and equity

Range of equitable and efficient funding and service models for health service delivery in the north

Priority actions 5 and 6 - Health-enabling Infrastructure and Place-Based Planning



5. Improve local amenities and infrastructure across sectors to reduce effects of adverse social and cultural determinants on health outcomes (and increase HW retention)

- Housing and transport
- ICT
- Water/WASH
- Land ownership/self-determination
- Food security

Cross-sectoral action on social and cultural determinants of health



6. Develop and scale-up place-based planning models and strengthen local comprehensive PHC

- Trials needed to enhance implementation knowledge
- Use telehealth to supplement existing services
- Improved health equity and efficiency
- Investing \$1.00 in PHC in remote communities could realise saving b/w \$4 - \$12 in public health expenses, over and above health and social benefits for patients

Priority actions 7 and 8 - Northern-led Research and Health as an export



7. Strengthen and **grow northern-led research capacity and funding**

- Return on Investment (ROI) of \$3.90 for every \$1.00 invested in health research
- Develop and support local hubs of service, research and training activity

Activated learning health systems



8. Explore **potential areas of export opportunity that deliver value** for northern Australia

- Partner Austrade
- Particularly education and training expertise
- Market capabilities and skills

Stronger regional health sector and relationships

Northern Australia health service delivery situational analysis

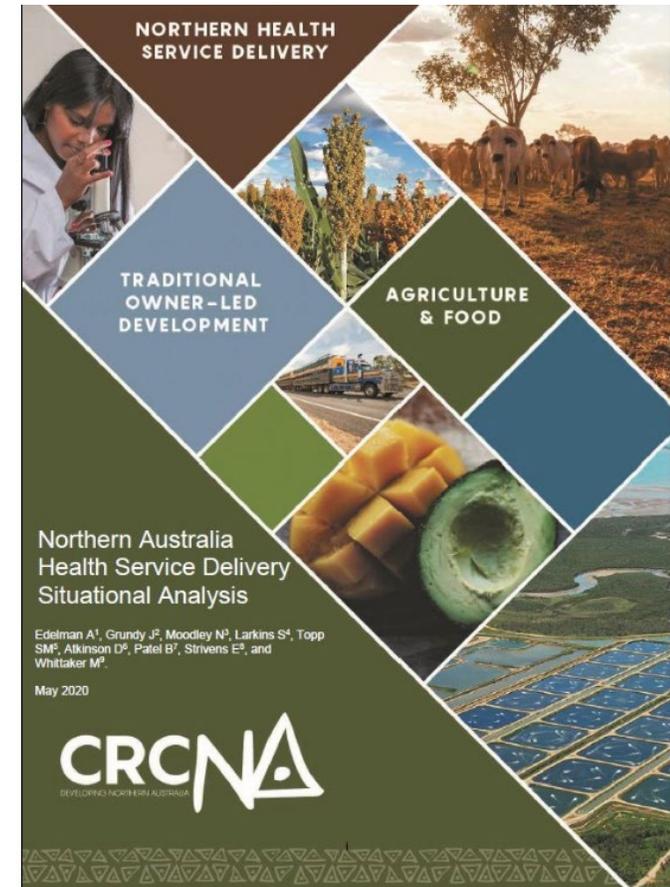
<https://crcna.com.au/resources/publications>



[Northern Australia health service delivery situational analysis report](#)



[Northern Australian health service delivery situational analysis – summary](#)



Thank you!

Questions?

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